

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007131

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1036

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
MEDICAL CERTIFICATION
Raymond Hall D.O.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 50 years	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OSTEOPATHIC HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5119 HIGHLAND
3. NAME OF DECEASED (Type or print) First MARJORIE Middle F Last WELDEN		4. DATE OF DEATH Month FEB. Day 14 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-21-1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired TEACHER		10b. KIND OF BUSINESS OR INDUSTRY SCHOOL	11. BIRTHPLACE (City and state or country) MAYSVILLE MO
13a. FATHER'S NAME CHARLES WELDEN		13b. MOTHER'S MAIDEN NAME Fannie M. Orr	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or (unknown)) (If yes, give war or dates of service) no		17. INFORMANT Address Elizabeth Hurt - 5119 Highland	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: Massive metastatic breast cancer to lungs Adenocarcinoma right breast		INTERVAL BETWEEN ONSET AND DEATH Several minutes 19 months 19 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatoid arthritis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan 15, 1963 to Feb 14, 1963 and last saw her Feb 14, 1963 alive on the date stated above, and to the best of my knowledge, from the causes stated.		21. Death occurred at 3:35 P.M.	
22a. SIGNATURE (Degree or title) Raymond Hall D.O.		22b. ADDRESS 726 E 11th St. Kansas City, Mo	
22c. DATE SIGNED 2/15/63		22d. LOCATION (City, town, or county) (State) Mayville Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb 16, 1963	23c. NAME OF CEMETERY OR CREMATORY Mayville Cemetery	
24. FUNERAL DIRECTOR ADDRESS D.W. Newcome & Sons 1331 Brawl Creek Blvd		25. DATE RECD. BY LOCAL REG. 2-15-63	
26. REGISTRAR'S SIGNATURE Ruth Long			

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

Dr. J. Raymond Stoll
926 E. 11th

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Louis Quest

Licensed Embalmer No. 4096

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.